

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: SPLENDID LIVING (310694)

Address: 3927 W ROOSEVELT DR, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096211 **End Date:** 01/20/2006 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095934 **End Date:** 11/02/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008861 Served 12/27/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	01/20/2006	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	02/27/2006	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	01/20/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Survey ID: 0091796 **End Date:** 11/06/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008649 Served 03/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	09/15/2005	Yes
83.13(7)(a)	EMPLOYEE PERSONNEL RECORD	09/15/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/15/2005	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	09/15/2005	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	09/15/2005	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	09/15/2005	Yes
83.51(3)(a)	SMOKE SEPARATION	09/15/2005	Yes
83.52(2)(b)	TYPE 3 WITH SPRINKLER AND DETECTOR	09/15/2005	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	09/15/2005	No

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Provider Inspection Summary

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Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 11/22/2005 **SOD #10008861** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(a)

Date: 01/12/2004 **SOD #10008649** **Appealed: No**

Sanctions

FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.33(3)(b)2.e
FORFEITURE---83.42(1); 83.51(3)(a)

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Provider Inspection Summary

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Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 12/01/2004

Date Investigation Completed: 11/02/2005

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10008861

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